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FAX COVER SHEET

From: Neil R. Jetter

Date: May 11, 2006

PLEASE DELIVER 30 PAGE(S) (including cover sheet) TO:Name: U.S. Patent and Trademark Office
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Commissioner for Patents
P.O. Box 1450
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Fax Number: (571) 273-8300

Examiner: Umez Eronimi, Lynette T.
Serial No.: 10/082,010
Inventors: Rajiv SINGH et al.
Docket No.: 5853-224

Please call (561) 653-5000, Ext. 30005 if you do not receive all the pages.

Comments/Special Instructions

Enclosures:

- * Transmittal Form (1 page)
- * Fee Transmittal Form (1 page)
- * Petition for One-Month Extension of Time (1 page)
- * Reply to Non-Final Office Action (17 pages)
- * Article (Advances in Chemical-Mechanical Planarization) (9 pages)
- * This Fax Cover Sheet (1 page)

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Client/Matter No: 24833/110345Equitrac ID: 8543/NRJ

{WP05291,1}

PAGE 1/30 * RCVD AT 5/11/2006 11:19:27 AM [Eastern Daylight Time] * SVR:USPTO-EFAXRF-2/10 * DNS:2738300 * CSID:5616596313 * DURATION (mm:ss):11-10

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006 OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/082,010
	Filing Date	February 22, 2002
	First Named Inventor	Rayn K. Singh
	Art Unit	1765
	Examiner Name	Umeh Eronini, Lynette T.
Total Number of Pages in This Submission	Attorney Document Number	5853-224

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Oath/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Article (Advances in Chemical-Mechanical Planarization)
Remark: _____ The Commissioner is authorized to charge any fee deficiencies to Deposit Account No. 50-0051.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	AKERMAN SENTERFITT	
Signature	_____	
Printed name	Neil R. Jetter	
Date	May 11, 2006	Reg No 46,803

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that the correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature	_____	
Typed or printed name	Neil R. Jetter	Date May 11, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a patent by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB7 (12-04)

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Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4878)

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
\$ 60.00**Complete if Known**

Application Number 10/082,010
 Filing Date February 22, 2002
 First Named Inventor Raju K. SINGH
 Examiner Name Umaz Eronu, Lynette T
 Art Unit 1705
 Attorney Docket No. 899-22a

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) _____
- ☒ Deposit Account Deposit Account Number 95459 Deposit Account Name AKERMAN SENTERFITT
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200
Multiple dependent claims	360

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Fee for Pendency for One-Month Extension of Time (\$60.00)

Fees Paid (\$)

660.00

SUBMITTED BY

Signature _____ Registration No. 48,603 Telephone 561-653-5000

Name (Print/Type) Noli R. Jeter Date May 11, 2006

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